

Roman Catholic Diocese of Idaho
DRIVER INFORMATION FORM

(one time per year, unless information changes)

I. DRIVER: (PLEASE PRINT CLEARLY)

Name (exactly as on driver's license): _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Driver's License #: _____

State issuing driver's license: _____ Date of Expiration: _____ Parish/School _____

II. INCLUDE A COPY OF YOUR DRIVERS LICENSE

III. VEHICLE THAT WILL BE USED: 11-15 passenger vans are NOT allowed per diocesan policy

Name of Owner: _____ Address of owner : _____

Model of Vehicle: _____ Make of Vehicle: _____ Year of Vehicle: _____

License Plate #: _____ Date of Expiration: _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

IV. INSURANCE INFORMATION:

When using a privately-owned vehicle, the insurance coverage is the insurance policy covering that specific vehicle.

INCLUDE A COPY OF YOUR PROOF OF INSURANCE

Insurance Company: _____ Policy Number: _____

Date of Policy Expiration: _____

Liability Limits on Policy*: _____

Note: The minimal acceptable liability limit for privately owned vehicles is **100,000/\$300,000/\$100,000 or a combined single limit is acceptable. It is preferred that a \$500,000 combined single limit of liability for bodily injury and property damage be maintained.*

V. CERTIFICATION:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, and have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport youth.

Signature

Date